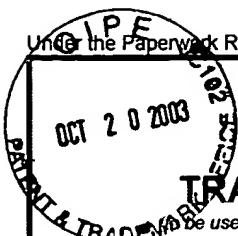


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PTO/SB/21 REV 1 (12/97)

Approved for use through 09/30/2000. OMB 0651-0032

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TRANSMITTAL FORM

(Be used for all correspondence after initial filing)

		Application Number	09/898,729
		Filing Date	July 3, 2001
		First Named Inventor	Michael L. Clark
		Group Art Unit	3752
		Examiner Name	Christopher S. Kim
Total Number of Pages in This Submission		Attorney Docket Number	0095-200

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Checklist and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): POSTCARD <hr/> <hr/>
Remarks: <p>Transmitted herewith in response to the Restriction Requirement mailed August 22, 2003 are the following: Fee Transmittal Sheet, in duplicate; Response to Restriction Requirement; Petition for Extension of Time; \$110 check for Required Fee; ; and this Return Postcard.</p>		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Firm or Individual Name	(Atty)	Michael H. Jester Reg. No. 28,022 A Professional Law Corporation
Signature		
Date	Oct 16, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Honorable Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:

October 16, 2003

Typed or printed name	Michael H. Jester		
Signature		/	Date
			10/16/03

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TRADEMARKS

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12
See 37 C.F.R. §§ 1.27 and 1.28

Complete If Known

TOTAL AMOUNT OF PAYMENT		\$110.00																																																																																																																																					
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																					
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number: <u>50 0626</u> Deposit Account Name: <u>Michael H. Jester</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance. 37 CFR 1.311(b)</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="2">FEE CALCULATION</td> <td colspan="2"> SUBTOTAL (1) (\$) SUBTOTAL (2) (\$) SUBTOTAL (3) (\$) </td> </tr> <tr> <td colspan="4"> Claims below Fee Paid Total Claims - 20** = x = Independent Claims - 3** = x = Multiple Dependent Claims = x = ** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity Code (\$) Code (\$) Fee Description </td> </tr> <tr> <td colspan="4"> Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claim ** Reissue independent claims over original patent ** Reissue claims in excess of 20 and over original patent </td> </tr> <tr> <td colspan="4"> *Reduced by Basic Filing Fee Paid </td> </tr> </tbody> </table>		Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	147	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	410	2252	205	1253	930	2253	465	1254	1,450	2254	725	1255	1,970	2255	985	1401	320	2401	160	1402	320	2402	160	1403	280	2403	140	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,300	2453	650	1501	1,300	2501	650	1502	470	2502	235	1503	630	2503	315	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	750	2809	375	1810	750	2810	375	Other fee (specify) _____				Other fee (specify) _____				FEE CALCULATION		SUBTOTAL (1) (\$) SUBTOTAL (2) (\$) SUBTOTAL (3) (\$)		Claims below Fee Paid Total Claims - 20** = x = Independent Claims - 3** = x = Multiple Dependent Claims = x = ** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity Code (\$) Code (\$) Fee Description				Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claim ** Reissue independent claims over original patent ** Reissue claims in excess of 20 and over original patent				*Reduced by Basic Filing Fee Paid			
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SUBMITTED BY		COMPLETE (if applicable)	
Typed or Printed Name	Michael H. Jester	Reg. Number	28,022
Signature	<i>Michael H. Jester</i>	Date	10/16/03
Deposit Account User ID	50 0626		